MULTIP[LE] [D]E[PEN]DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	10/540888	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		i					52						
3		i					53						
4		i					54						
5		i					55						
6		i					56						
7		i					57						
8		i					58						
9		i					59						
10		i					60						
11		i					61						
12		i					62						
13		i					63						
14		i					64						
15	1	i					65						
16		i					66						
17		i					67						
18		i					68						
19		i					69						
20	1	i					70						
21		i					71						
22		i					72						
23		i					73						
24	1	i					74						
25		i					75						
26		i					76						
27		i					77						
28		i					78						
29		i					79						
30		i					80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	26						TOTAL DEP.						
TOTAL CLAIMS	30						TOTAL CLAIMS						